

APPLICATION DATA SHEET**Application Information**

Application Number::	Unknown
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	Unknown
Suggested Group Art Unit::	Unknown
CD-ROM or CD-R?::	no
Number of CD disks::	0
Number of copies of CDs::	0
Sequence Submission?::	no
Computer Readable Form (CRF)?::	no
Number of copies of CRF::	0
Title::	DEVICE AND METHOD FOR DETERMINING ANALYTE LEVELS
Attorney Docket Number::	DEXCOM.8DVC1C1
Request for Early Publication?::	no
Request for Non-Publication?::	no
Suggested Drawing Figure::	1
Total Drawing Sheets::	10
Small Entity?::	no
Latin Name::	n/a
Variety Denomination Name::	n/a
Petition Included?::	no
Petition Type::	n/a
Licensed US Govt. Agency::	no
Contract or Grant Numbers::	no
Secrecy Order in Parent Appl.?::	no

Inventor Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: C.
Family Name:: Shults
Name Suffix:: --
City of Residence:: Madison
State or Prov. of Residence:: Wisconsin
Country of Residence:: US
Street:: 2810 Gregory Street
City:: Madison
State or Province:: Wisconsin
Country:: US
Postal or Zip Code:: 53711

Inventor Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stuart
Middle Name:: J.
Family Name:: Updike
Name Suffix:: --
City of Residence:: Madison
State or Prov. of Residence:: Wisconsin
Country of Residence:: US
Street:: 1309 Whenona Drive

City:: Madison
State or Province:: Wisconsin
Country:: US
Postal or Zip Code:: 53711

Inventor Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Rathbun
Middle Name:: K.
Family Name:: Rhodes
Name Suffix:: --
City of Residence:: Madison
State or Prov. of Residence:: Wisconsin
Country of Residence:: US
Street:: 6421 Bridge Road
City:: Madison
State or Province:: Wisconsin
Country:: US
Postal or Zip Code:: 53713

Correspondence Information

Correspondence Customer Number:: 20,995
Phone Number:: (949) 760-0404
Fax Number:: (949) 760-9502
E-Mail Address:: rthiessen@kmob.com

Representative Information

Representative Customer Number:: 20,995

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/489,588	1/21/2000
09/489,588	Continuation of	09/447,227	11/22/1999
09/447,227	Divisional of	08/811,473	3/4/1997

Assignment Information

Assignee Name:: DexCom, Inc.
Street:: 6725 Mesa Ridge Road
City:: San Diego
State or Province:: California
Country:: USA
Postal or Zip Code:: 92121

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